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CONFIRMATION NO. 8359

<b>SERIAL NUMBER</b> 10/785,407	<b>FILING OR 371(c) DATE</b> 02/25/2004 <b>RULE</b>	<b>CLASS</b> 370	<b>GROUP ART UNIT</b> 2617	<b>ATTORNEY DOCKET NO.</b> 60282.00168
<b>APPLICANTS</b> Govindarajan Krishnamurthi, Arlington, MA; Robert Chalmers, Goleta, CA;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/450,444 02/26/2003 <i>OK. H.F. 01/24/2007.</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>None. H.F. 01/24/2007</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 05/17/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <i>Allowance</i> Acknowledged <i>Examiner's Signature</i> <i>H.F.</i> Initials	<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 16	<b>INDEPENDENT CLAIMS</b> 6
<b>ADDRESS</b> 32294				
<b>TITLE</b> Method of reducing denial-of-service attacks and a system as well as an access router therefor				
<b>FILING FEE RECEIVED</b> 1158	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	